



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Oct 2011
IN REPLY REFER TO
BUMEDNOTE 6310
BUMED-M00WII
15 Oct 2010

BUMED NOTICE 6310

From: Chief, Bureau of Medicine and Surgery
To: Stations Having Medical Department Personnel

Subj: GUIDANCE FOR CONDUCTING BASELINE PRE-DEPLOYMENT
NEUROCOGNITIVE FUNCTIONAL ASSESSMENTS AND REVISION TO
NAVMED 6310/6

Ref: (a) ASD(HA) Guidelines memo of 28 May 2008
(b) National Defense Authorization Act (NDAA) 2008, HR 4986, Section 1618
(c) ASD(HA) Scientific Advisory Panel, Use of the Automated Neuropsychological
Assessment Metric (ANAM), 2-3 October 2007 (NOTAL)
(d) BUMEDINST 1300.3A
(e) MILPERSMAN 1300-318
(f) SECNAV M-5214.1 of Dec 2005

Encl: (1) Referral Algorithm based upon ANAM Performance Report (APR) of
Neurocognitive Testing Scores

1. Purpose. To extend the guidance regarding implementation of baseline pre-deployment neurocognitive functional assessments. In addition, NAVMED 6310/6, Automated Neuropsychological Assessment Metrics (ANAM) Quarterly Reporting has been updated to reflect revised reporting requirements.

2. Cancellation. BUMEDNOTE 6310 of 8 Sep 2010.

3. Background

a. References (a) through (c) focus attention on the diagnosis of mild traumatic brain injuries (mTBI), especially those that result from blast exposure. These types of injuries may not be externally obvious; however, mTBI can result in unseen pathology such as slower reaction time, headaches, irritability, memory impairments, and sleep difficulty. Automated Neuropsychological Assessment Metrics (ANAM) is a computerized battery that measures cognitive performance related to attention, memory, and processing of information. Changes that are detected in ANAM performance can be used to aid providers in identifying potential neurocognitive impairment. Reference (a) is available at: http://www.health.mil/Libraries/HA_Policies_and_Guidelines/baseline_pre-deployment_neurocognitive_functional_assessment_interim_guidance.pdf. Reference (b) is available at: <http://www.asafm.army.mil/cong/cbreps/docs/2008L/Auth/08AUTHpl.pdf>. Reference (c) is available at: <http://www.health.mil/dhb/meetings/2007-12/NC-Assessment-Tool-Advisory-Panel-Report.doc>. Reference (d) is available

at: <http://www.med.navy.mil/directives/ExternalDirectives/1300.3A.pdf>, and reference (e) is available at: <http://www.npc.navy.mil/NR/rdonlyres/47ED1729-3A73-4A98-B4DC-67178329B979/0/1300318.pdf>.

b. Reference (a) requires the Services to conduct pre-deployment ANAM screenings to establish a baseline for neurocognitive performance prior to deployment. This memo identifies ANAM as the interim Department of Defense (DoD) neurocognitive assessment tool for recording baseline (pre-deployment) neurocognitive performance.

c. ANAM is a screening tool that is most useful in providing a cognitive performance measurement to which future cognitive test performance can be compared. The baseline ANAM, obtained prior to deployment, may aid in detecting mTBI during and after deployment. In most instances, the ANAM baseline testing will generate results that do not require medical evaluation. However, in some instances further investigation of the results obtained from baseline testing is warranted. In this case, the Service member will be referred to the appropriate medical provider for further assessment.

d. Enclosure (1), the ANAM algorithm, provides guidelines for appropriate action based upon the ANAM Performance Report (APR) score.

4. Guidance. A baseline pre-deployment neurocognitive functional assessment is required within 12 months preceding a deployment. Individuals anticipated to deploy solely onboard Navy vessels (e.g., ship's company) are exempt from this requirement.

5. Implementation Plan. ANAM equipment has been provided to medical treatment facilities (MTFs) based on expected volume of "boots on ground" deploying Service members. Reserve Component members requiring ANAM testing may utilize ANAM facilities at MTF Deployment Health Centers (DHCs) and mental health clinics with ANAM capability, or testing sites established by the Army and Air Force. DHCs will serve as the primary site for implementation of baseline pre-deployment neurocognitive functional assessments. Mental health clinics will serve as the secondary site.

6. Data Management. All information technology activities established in support of baseline pre-deployment neurocognitive functional assessments will follow DoD and Navy Medicine data management policies.

a. Data Access. Users who are required to obtain, transfer, or interpret ANAM data in an official capacity will be authorized access to ANAM data.

b. Technical Support. Navy Medicine will establish 24-hour technical support services for Navy and Marine Corps medical personnel in collaboration with the Army Medical Department (AMEDD) ANAM Program Office. ANAM support can be obtained by calling the ANAM Program Office at (703) 325-6115 or e-mail: anam.baselines@amedd.army.mil.

c. Surveillance. Navy Medicine activities will comply with ANAM surveillance activities per DoD and Navy Medicine guidance.

7. Action. Collaboration across the Navy enterprise is paramount to the success of Navy Medicine's ANAM program.

a. Bureau of Medicine and Surgery (BUMED) will

(1) Coordinate with the AMEDD ANAM Program Office and the Navy and Marine Corps activities to ensure a comprehensive and effective strategic and technical communications infrastructure to support the requirements for baseline neurocognitive functional assessments.

(2) Plan and support implementation of an effective ANAM program.

(3) Support Active and Reserve Component Service members in meeting the pre-deployment neurocognitive testing requirement prior to arrival at the Navy Mobilization Processing Site (NMPS) by coordinating with Commander, Naval Personnel Command and Commander, Navy Reserve Forces Command to provide ANAM testing.

(4) Coordinate ANAM proctor training with AMEDD ANAM Program Office. Training will be coordinated via the Navy Medical Information Systems Support Activity (NAVMISSA) ANAM Program Manager. ANAM proctors will be required to attend ANAM proctor training. Elements of ANAM proctor training include equipment set-up, the screening process, data transfer, and site breakdown. Periodic re-training may be required as the program evolves.

(5) Establish and coordinate standardized ANAM provider training that will serve as the basis for effective management of this program.

(6) Provide policy oversight for ANAM surveillance activities per DoD requirements.

(7) Implement program improvements.

b. Navy Medicine Support Command

(1) In conjunction with the BUMED Office of the Command Information Officer (CIO) will plan, program, and implement a system to ensure compliance with DoD and Navy information technology (IT), information assurance, and interoperability requirements.

(2) Will plan, program, and implement the ANAM data surveillance system for ANAM scores obtained from Navy and Marine Corps personnel. Surveillance requirements include, but are not limited to the number of Service members that require screening, the number of Service members screened, the number of ANAM screenings that prompted a retest, the number of ANAM screenings that prompted a referral for evaluation by a primary care provider; and the number and type of specialty referrals required and outcomes from those referrals.

(3) Will ensure effective and timely logistics and acquisition support for ANAM activities.

(4) Will manage training requirements for ANAM proctors.

c. Navy Medicine East, West, and National Capital Area will

(1) Assume execution of neurocognitive assessments, and ensure compliance with the applicable guidelines outlined in this notice.

(2) Ensure providers and proctors attend appropriate BUMED and AMEDD ANAM Program Office sponsored training.

(3) Coordinate proctor training with the AMEDD ANAM Program Office points of contact (POCs) in this notice.

(4) Coordinate provider training with the BUMED POCs in this notice.

(5) Identify a primary ANAM POC at each MTF.

(6) Monitor and provide quarterly reports to BUMED ANAM POCs regarding training, implementation, and results of neurocognitive functional assessments.

(7) Identify psychologists and neuropsychologists that will function as ANAM specialty consultants for questions regarding interpretation of results and the need for referral for further evaluation.

(8) Identify a regional POC to support local ANAM operations.

d. Medical Treatment Facilities will

(1) Identify adequate sites to support ANAM equipment storage and testing procedures including office space for proctors permanently assigned to the facility.

(2) Ensure providers and proctors attend appropriate BUMED and AMEDD ANAM Program Office sponsored training.

(3) Compile and provide quarterly quality compliance reports using NAVMED 6310/6 to the regional ANAM POC. The regional ANAM POC will ensure quarterly report submissions to the BUMED ANAM POC.

(4) Establish processes to support timely pre-deployment ANAM-based referrals to primary care, psychology, and neurology clinics.

(5) Ensure ANAM-based referrals are entered in AHLTA within one work day of ANAM testing and scheduled to occur within TRICARE acceptable time periods.

8. ANAM Information. Additional information regarding the ANAM can be obtained at the Oklahoma University Web site located at: <http://cshop.ou.edu/anam4.htm>.

9. Points of Contact. Mr. Jim Mullins, Army ANAM Program Office Navy Liaison, (703) 325-6169, or e-mail: James.Mullins@med.navy.mil; CDR Jack Tsao, MC, USN, BUMED M00WII2, (202) 762-3070, DSN 762-3070, or e-mail: Jack.Tsao@med.navy.mil; Mr. Richard Masannat, TBI Project Manager, (202) 762-3025, or e-mail: Richard.Masannat@med.navy.mil.

10. Reports Exemption. The reporting requirements contained in paragraph 7 are exempt from reports control per reference (f), Part IV, paragraph 7j.

11. Form. NAVMED 6310/6 (Rev. 9-2010), Automated Neuropsychological Assessment Metrics (ANAM) Quarterly Reporting, is available electronically at: <https://navalforms.daps.dla.mil/web/public/home>.


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Distribution is electronic only via the Navy Medicine Web site at:
<http://www.med.navy.mil/directives/pages/BumedInstructions.aspx>

**REFERRAL ALGORITHM BASED UPON ANAM PERFORMANCE REPORT (APR)
OF NEUROCOGNITIVE TESTING SCORES**

